PART B - FEE(S) TRANSMITTAL

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									(Depositor's name)	
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENT			ATTORNEY		NEY DOCKET NO.	CONFIRMATION NO.	
10/550,880 TITLE OF INVENTION	09/27/2005 H: AUTOSTEREOSCOP	IC DISPLAY		Willem Lubertus Ijze	rman			NL 030299	1678	
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE D	UE	PUBLICATION FEE DUI		PREV. PAID ISSUE FE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440		\$300		\$0 I		\$17.40	04/22/2008	
EXAMINER		ART UNIT		CLASS-SUBCLASS		,				
FINEMAN, LEE A 2872				359-462000						
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) KONINKLIJKE PHILIPS ELECTRONICS N.V. EINDHOVEN, THE NETHERLANDS								.*		
Please check the appropri	riate assignee category or	categories (will	not be p	rinted on the patent):		Individual 🚨 Co	orporatio	on or other private gro	oup entity Government	
4a. The following fee(s) are submitted: State State State State				4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number14-1270 (enclose an extra copy of this form).						
5. Change in Entity Sta	atus (from status indicate as SMALL ENTITY stat	d above) us. See 37 CFR 1	.27.	☐ b. Applicant is n	o lon	ger claiming SMAI	LL ENI	ITY status. See 37 C	FR 1.27(g)(2).	
NOTE: The Ismae Fee or		uired) will not be	accente	ed from anyone other (k Office.	han t	he applicant; a regi	istered a	ttorney or agent; or th	ne assignee or other party in	
Authorized Signature				Date APR	IL 16	, 2008				
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This collection of informan application. Confident submitting the complete this form and/or suggest Box 1450, Alexandria, Virginia 223	ntiality is governed by 35 and application form to the tions for reducing this but irginia 22313-1450. DC	CFR 1.311. The in U.S.C. 122 and USPTO. Time rden, should be so NOT SEND FE	nformati 37 CFR will vary sent to the EES OR	on is required to obtain 1.14. This collection by depending upon the Chief Information (COMPLETED FORM)	n or r is est indiv Office IS TO	etain a benefit by t imated to take 12 r idual case. Any co er, U.S. Patent and D THIS ADDRESS	he publi minutes mments Tradem S. SENI	to which is to file (and to complete, including on the amount of tip ark Office, U.S. Depi of TO: Commissioner	i by the USPTO to process g gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

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